

**Baylor All Saints Medical Center-FY10 ECT Summary  
for Treatments Given September 1, 2009 to August 31, 2010**

<b>Number of patients, reported quarterly, to have received ECT: 116*</b>					
<b><u>Race/Ethnicity</u></b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
White/Caucasian	25	29	33	29	116
Black or African American	0	0	0	0	0
Hispanic or Latino	0	0	0	0	0
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>116</b>
<b><u>Gender</u></b>					
Female	14	16	21	20	71
Male	11	13	12	9	45
<b>Reports reflected</b>					<b>116</b>
<b><u>Age</u></b>					
17 and under	0	0	0	0	0
18-24	4	6	6	6	22
25-44	18	19	22	18	77
45-64	3	4	5	5	17
65 +	0	0	0	0	0
<b>Reports reflected</b>					<b>116</b>
<b><u>Hospital Admission Status</u></b>					
Voluntary patient consenting	25	29	33	29	116
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	116
<b>Reports reflected</b>					
<b><u>Primary Source of Payment for ECT</u></b>					
Private 3rd party (insurer, HMO, etc)	18	22	23	22	85
Public 3rd party (county, state, Medicaid, etc)	7	7	10	7	31
Own/family funds	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>116</b>
<b><u>Other Reportable Events that Occurred within 14 Days of ECT</u></b>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	1	0	0	0	1
Autopsy obtained**	0	0	0	0	0
<b><u>Treatments Administered during this Reporting Period</u></b>					
Ongoing series treatments reported	2	7	2	0	11
Concluded series treatments reported	3	5	8	7	23
Stopped series treatments reported	1	0	4	1	6
<b><u>Other reportable psychiatric therapies</u></b>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Baylor All Saints Medical Center-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 116*					
<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	43	37	41	39	160
Average Maintenance Treatments	14.33	12.33	13.67	13.00	13.33
Series Treatments Planned	73	135	170	95	473
Series Treatments Administered	67	59	134	64	324
Complete Series of Treatments Administered	38	33	77	55	203
Total Number of ECT Treatments Administered	110	96	175	103	484
<b>Average</b>					
Maintenance Treatments Administered	1.72	1.28	1.24	1.34	1.38
Average Maintenance Treatments	0.57	0.43	0.41	0.45	0.11
Series Treatments Planned	2.92	4.66	5.15	3.28	4.08
Series Treatments Administered	2.68	2.03	4.06	2.21	2.79
Complete Series of Treatments Administered	1.52	1.14	2.33	1.90	1.75
Total Number of ECT Treatments Administered	4.40	3.31	5.30	3.55	4.17
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	17	26	30	25	98
Mild	8	3	3	4	18
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>116</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	10	12	13	2	37
Mild	15	17	20	27	79
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>116</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	0	0	0	0	0
Moderate	0	0	0	0	0
Severe	6	4	2	1	13
Extreme	19	25	31	28	103
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>116</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	2	2	0	0	4
Mild	16	22	29	25	92
Moderate	6	5	4	2	17
Severe	0	0	0	2	2
Extreme	0	0	0	0	0
Unable to be determine	1	0	0	0	1
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>116</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Christus Spohn Memorial Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 12*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	1	2	3	4	10
Black or African American	2	0	0	0	2
Hispanic or Latino	0	0	0	0	0
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>12</b>
<u>Gender</u>					
Female	3	1	1	2	7
Male	0	1	2	2	5
<b>Reports reflected</b>					<b>12</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	0	0	0	0	0
25-44	2	0	0	1	3
45-64	0	2	2	3	7
65 +	1	0	1	0	2
<b>Reports reflected</b>					<b>12</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	3	2	3	4	12
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>12</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	1	2	2	2	7
Public 3rd party (county, state, Medicaid, etc)	2	0	1	2	5
Own/family funds	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>12</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	0	1	0	2	3
Concluded series treatments reported	1	1	1	0	3
Stopped series treatments reported	2	0	2	2	6
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Christus Spohn Memorial Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 12*					
<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	0	0	0	0	0
Average Maintenance Treatments	0	0	0	0	0
Series Treatments Planned	27	24	36	48	135
Series Treatments Administered	15	18	19	21	73
Complete Series of Treatments Administered	5	12	6	0	23
Total Number of ECT Treatments Administered	15	18	19	21	73
<b>Average</b>					
Maintenance Treatments Administered	0.00	0.00	0.00	0.00	0.00
Average Maintenance Treatments	0.00	0.00	0.00	0.00	0.00
Series Treatments Planned	9.00	12.00	12.00	12.00	11.25
Series Treatments Administered	5.00	9.00	6.33	5.25	6.08
Complete Series of Treatments Administered	1.67	6.00	2.00	0.00	1.92
Total Number of ECT Treatments Administered	5.00	9.00	6.33	5.25	6.08
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	0	1	0	0	1
Mild	3	0	1	4	8
Moderate	0	1	0	0	1
Severe	0	0	1	0	1
Extreme	0	0	1	0	1
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>12</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	3	1	1	4	9
Moderate	0	1	2	0	3
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>12</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	0	0	0	2	2
Moderate	2	0	2	2	6
Severe	1	2	1	0	4
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>12</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	2	1	2	2	7
Moderate	1	1	1	2	5
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>12</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Cypress Creek Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 412*						
<u>Race/Ethnicity</u>		Q1	Q2	Q3	Q4	Total
White/Caucasian		85	86	87	99	357
Black or African American		3	2	8	11	24
Hispanic or Latino		10	4	8	7	29
Asian		2	0	0	0	2
Other		0	0	0	0	0
<b>Reports reflected</b>						<b>412</b>
<u>Gender</u>						
Female		67	62	68	74	271
Male		33	30	35	43	141
<b>Reports reflected</b>						<b>412</b>
<u>Age</u>						
17 and under		0	0	0	0	0
18-24		7	5	5	8	25
25-44		41	42	45	47	175
45-64		47	44	48	56	195
65 +		5	1	5	6	17
<b>Reports reflected</b>						<b>412</b>
<u>Hospital Admission Status</u>						
Voluntary patient consenting		100	92	103	116	411
Involuntary patient consenting		0	0	0	1	1
Guardian consenting for patient		0	0	0	0	0
<b>Reports reflected</b>						<b>412</b>
<u>Primary Source of Payment for ECT</u>						
Private 3rd party (insurer, HMO, etc)		63	47	48	46	204
Public 3rd party (county, state, Medicaid, etc)		36	44	55	70	205
Own/family funds		1	1	0	1	3
Other		0	0	0	0	0
<b>Reports reflected</b>						<b>412</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>						
Apnea		0	0	0	0	0
Fracture		0	0	0	0	0
Cardiac arrest		0	0	0	0	0
Reported memory loss		0	0	0	0	0
Death		0	0	0	1	1
Autopsy obtained**		0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>						
Ongoing series treatments reported		6	7	6	18	37
Concluded series treatments reported		38	34	45	39	156
Stopped series treatments reported		14	5	8	8	35
<u>Other reportable psychiatric therapies</u>						
Magnetic Seizure Therapy		0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Cypress Creek Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 412*						
<b>Total</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered		287	280	274	292	1,133
Average Maintenance Treatments		95.67	93.33	91.33	97.33	94.42
Series Treatments Planned		658	474	545	657	2,334
Series Treatments Administered		435	385	465	441	1,726
Complete Series of Treatments Administered		339	320	359	341	1,359
Total Number of ECT Treatments Administered		725	665	739	729	2,858
<b>Average</b>						
Maintenance Treatments Administered		2.87	3.04	2.66	2.50	2.75
Average Maintenance Treatments		0.96	1.01	0.89	0.83	0.23
Series Treatments Planned		6.58	5.15	5.29	5.62	5.67
Series Treatments Administered		4.35	4.18	4.51	3.77	4.19
Complete Series of Treatments Administered		3.39	3.48	3.49	2.91	3.30
Total Number of ECT Treatments Administered		7.25	7.23	7.17	6.23	6.94
<b>Physicians Assessment</b>						
<b>Level of Memory Impairment Before ECT</b>						
None		2	24	71	73	170
Mild		98	60	31	44	233
Moderate		0	8	1	0	9
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>412</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>						
None		0	6	10	11	27
Mild		100	84	92	104	380
Moderate		0	2	1	2	5
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>412</b>
<b>Level of Symptom Severity Before ECT</b>						
None		0	2	0	0	2
Mild		33	2	1	0	36
Moderate		42	66	77	92	277
Severe		25	22	25	25	97
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>412</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>						
None		94	75	89	109	367
Mild		6	17	13	9	45
Moderate		0	0	0	0	0
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>412</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**DePaul Center-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

<b>Number of patients, reported quarterly, to have received ECT: 47*</b>					
<b><u>Race/Ethnicity</u></b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
White/Caucasian	12	10	16	9	47
Black or African American	0	0	0	0	0
Hispanic or Latino	0	0	0	0	0
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>47</b>
<b><u>Gender</u></b>					
Female	9	8	13	5	35
Male	3	2	3	4	12
<b>Reports reflected</b>					<b>47</b>
<b><u>Age</u></b>					
17 and under	0	0	0	0	0
18-24	0	0	0	0	0
25-44	3	3	5	4	15
45-64	6	5	8	4	23
65 +	3	2	3	1	9
<b>Reports reflected</b>					<b>47</b>
<b><u>Hospital Admission Status</u></b>					
Voluntary patient consenting	12	10	16	9	47
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>47</b>
<b><u>Primary Source of Payment for ECT</u></b>					
Private 3rd party (insurer, HMO, etc)	7	5	8	5	25
Public 3rd party (county, state, Medicaid, etc)	4	4	6	4	18
Own/family funds	1	1	2	0	4
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>47</b>
<b><u>Other Reportable Events that Occurred within 14 Days of ECT</u></b>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	1	0	1
Reported memory loss	0	0	1	0	1
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<b><u>Treatments Administered during this Reporting Period</u></b>					
Ongoing series treatments reported	0	2	2	1	5
Concluded series treatments reported	4	2	3	2	11
Stopped series treatments reported	3	1	6	2	12
<b><u>Other reportable psychiatric therapies</u></b>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**DePaul Center-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

**Number of patients, reported quarterly, to have received ECT: 47\***

<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	29	23	16	22	90
Average Maintenance Treatments	9.67	7.67	5.33	7.33	7.50
Series Treatments Planned	94	57	140	55	346
Series Treatments Administered	65	30	91	34	220
Complete Series of Treatments Administered	49	21	29	17	116
Total Number of ECT Treatments Administered	91	53	107	56	307

**Average**

Maintenance Treatments Administered	2.42	2.30	1.00	2.44	1.91
Average Maintenance Treatments	0.81	0.77	0.33	0.81	0.16
Series Treatments Planned	7.83	5.70	8.75	6.11	7.36
Series Treatments Administered	5.42	3.00	5.69	3.78	4.68
Complete Series of Treatments Administered	4.08	2.10	1.81	1.89	2.47
Total Number of ECT Treatments Administered	7.58	5.30	6.69	6.22	6.53

**Physicians Assessment**

**Level of Memory Impairment Before ECT**

None	12	10	12	7	41
Mild	0	0	4	2	6
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>47</b>

**Level of Memory Impairment 2-4 Weeks After ECT**

None	8	8	11	5	32
Mild	2	2	4	3	11
Moderate	1	0	1	1	3
Severe	1	0	0	0	1
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>47</b>

**Level of Symptom Severity Before ECT**

None	1	2	2	1	6
Mild	1	0	0	0	1
Moderate	1	2	1	1	5
Severe	7	6	8	3	24
Extreme	2	0	5	4	11
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>47</b>

**Level of Symptom Severity 2-4 Weeks After ECT**

None	3	3	3	1	10
Mild	2	1	1	1	5
Moderate	3	3	3	6	15
Severe	2	3	6	1	12
Extreme	2	0	3	0	5
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>47</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.



**Green Oaks Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 212*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	43	43	45	64	195
Black or African American	4	2	2	3	11
Hispanic or Latino	2	0	1	1	4
Asian	0	0	1	1	2
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>212</b>
<u>Gender</u>					
Female	37	36	36	52	161
Male	12	9	13	17	51
<b>Reports reflected</b>					<b>212</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	3	2	1	2	8
25-44	16	12	13	24	65
45-64	23	27	28	39	117
65 +	7	4	7	4	22
<b>Reports reflected</b>					<b>212</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	49	45	49	69	212
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>212</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	33	27	36	43	139
Public 3rd party (county, state, Medicaid, etc)	16	17	12	25	70
Own/family funds	0	1	1	1	3
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>212</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	8	16	13	16	53
Concluded series treatments reported	22	14	20	27	83
Stopped series treatments reported	4	1	2	8	15
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Green Oaks Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 212*		Q1	Q2	Q3	Q4	Total
<b>Total</b>						
Maintenance Treatments Administered		55	59	53	58	225
Average Maintenance Treatments		18.33	19.67	17.67	19.33	18.75
Series Treatments Planned		480	467	512	643	2,102
Series Treatments Administered		374	316	353	431	1,474
Complete Series of Treatments Administered		269	147	218	292	926
Total Number of ECT Treatments Administered		429	375	406	489	1,699
<b>Average</b>						
Maintenance Treatments Administered		1.12	1.31	1.08	0.84	1.06
Average Maintenance Treatments		0.37	0.44	0.36	0.28	0.09
Series Treatments Planned		9.80	10.38	10.45	9.32	9.92
Series Treatments Administered		7.63	7.02	7.20	6.25	6.95
Complete Series of Treatments Administered		5.49	3.27	4.45	4.23	4.37
Total Number of ECT Treatments Administered		8.76	8.33	8.29	7.09	8.01
<b>Physicians Assessment</b>						
<b>Level of Memory Impairment Before ECT</b>						
None		0	3	2	1	6
Mild		14	24	38	10	86
Moderate		33	18	8	57	116
Severe		2	0	1	1	4
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>212</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>						
None		1	1	3	1	6
Mild		32	19	26	22	99
Moderate		15	11	7	30	63
Severe		1	0	0	0	1
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	14	13	16	43
<b>Reports Reflected</b>						<b>212</b>
<b>Level of Symptom Severity Before ECT</b>						
None		1	0	2	0	3
Mild		14	12	9	15	50
Moderate		34	33	38	54	159
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>212</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>						
None		7	7	8	11	33
Mild		32	20	20	29	101
Moderate		9	3	8	11	31
Severe		1	0	0	2	3
Extreme		0	0	0	0	0
Unable to be determine		0	15	13	16	44
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>212</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**IntraCare North Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 78*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	19	14	13	19	65
Black or African American	1	2	1	0	4
Hispanic or Latino	1	3	3	2	9
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>78</b>
<u>Gender</u>					
Female	15	10	11	15	51
Male	6	9	6	6	27
<b>Reports reflected</b>					<b>78</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	3	1	1	2	7
25-44	8	6	5	7	26
45-64	7	10	7	11	35
65 +	3	2	4	1	10
<b>Reports reflected</b>					<b>78</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	20	19	17	21	77
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	1	0	0	0	1
<b>Reports reflected</b>					<b>78</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	13	8	10	15	46
Public 3rd party (county, state, Medicaid, etc)	7	11	7	6	31
Own/family funds	1	0	0	0	1
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>78</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	1	0	0	0	1
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	2	6	6	3	17
Concluded series treatments reported	12	5	6	7	30
Stopped series treatments reported	0	3	1	5	9
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**IntraCare North Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 78*					
<u>Total</u>	Q1	Q2	Q3	Q4	Total
Maintenance Treatments Administered	46	13	15	16	90
Average Maintenance Treatments	15.33	4.33	5.00	5.33	7.50
Series Treatments Planned	162	136	146	146	590
Series Treatments Administered	71	94	80	92	337
Complete Series of Treatments Administered	68	41	30	45	184
Total Number of ECT Treatments Administered	117	107	95	108	427
<b>Average</b>					
Maintenance Treatments Administered	2.19	0.68	0.88	0.76	1.15
Average Maintenance Treatments	0.73	0.23	0.29	0.25	0.10
Series Treatments Planned	7.71	7.16	8.59	6.95	7.56
Series Treatments Administered	3.38	4.95	4.71	4.38	4.32
Complete Series of Treatments Administered	3.24	2.16	1.76	2.14	2.36
Total Number of ECT Treatments Administered	5.57	5.63	5.59	5.14	5.47
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	13	15	11	13	52
Mild	5	4	6	7	22
Moderate	3	0	0	1	4
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>78</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	10	11	7	13	41
Mild	8	7	7	6	28
Moderate	3	1	3	2	9
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>78</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	2	0	1	3
Mild	0	1	0	2	3
Moderate	1	4	5	4	14
Severe	20	12	12	14	58
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>78</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	7	5	9	5	26
Mild	11	12	7	13	43
Moderate	3	2	1	3	9
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>78</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Las Palmas Medical Center-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 5*		Q1	Q2	Q3	Q4	Total
<b><u>Race/Ethnicity</u></b>						
	White/Caucasian	3	1	0	0	4
	Black or African American	0	0	0	0	0
	Hispanic or Latino	1	0	0	0	1
	Asian	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Reports reflected</b>					<b>5</b>
<b><u>Gender</u></b>						
	Female	2	1	0	0	3
	Male	2	0	0	0	2
	<b>Reports reflected</b>					<b>5</b>
<b><u>Age</u></b>						
	17 and under	0	0	0	0	0
	18-24	0	0	0	0	0
	25-44	0	0	0	0	0
	45-64	3	0	0	0	3
	65 +	1	1	0	0	2
	<b>Reports reflected</b>					<b>5</b>
<b><u>Hospital Admission Status</u></b>						
	Voluntary patient consenting	4	1	0	0	0
	Involuntary patient consenting	0	0	0	0	5
	Guardian consenting for patient	0	0	0	0	0
	<b>Reports reflected</b>					<b>5</b>
<b><u>Primary Source of Payment for ECT</u></b>						
	Private 3rd party (insurer, HMO, etc)	3	0	0	0	3
	Public 3rd party (county, state, Medicaid, etc)	1	1	0	0	2
	Own/family funds	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Reports reflected</b>					<b>5</b>
<b><u>Other Reportable Events that Occurred within 14 Days of ECT</u></b>						
	Apnea	0	0	0	0	0
	Fracture	0	0	0	0	0
	Cardiac arrest	0	0	0	0	0
	Reported memory loss	0	0	0	0	0
	Death	0	0	0	0	0
	Autopsy obtained**	0	0	0	0	0
<b><u>Treatments Administered during this Reporting Period</u></b>						
	Ongoing series treatments reported	0	1	0	0	1
	Concluded series treatments reported	2	0	0	0	2
	Stopped series treatments reported	1	0	0	0	1
<b><u>Other reportable psychiatric therapies</u></b>						
	Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Las Palmas Medical Center-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 5*					
<u>Total</u>	Q1	Q2	Q3	Q4	Total
Maintenance Treatments Administered	0	0	0	0	0
Average Maintenance Treatments	0.00	0.00	0.00	0.00	0.00
Series Treatments Planned	27	0	0	0	27
Series Treatments Administered	25	6	0	0	31
Complete Series of Treatments Administered	10	0	0	0	10
Total Number of ECT Treatments Administered	25	6	0	0	31
<b><u>Average</u></b>					
Maintenance Treatments Administered	0.00	0.00	0.00	0.00	0.00
Average Maintenance Treatments	0.00	0.00	0.00	0.00	0.00
Series Treatments Planned	6.75	0.00	0.00	0.00	5.40
Series Treatments Administered	6.25	6.00	0.00	0.00	6.20
Complete Series of Treatments Administered	2.50	0.00	0.00	0.00	2.00
Total Number of ECT Treatments Administered	6.25	6.00	0.00	0.00	6.20
<b><u>Physicians Assessment</u></b>					
<b>Level of Memory Impairment Before ECT</b>					
None	0	0	0	0	0
Mild	0	0	0	0	0
Moderate	0	0	0	0	0
Severe	4	1	0	0	5
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>5</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	4	1	0	0	5
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>5</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	0	0	0	0	0
Moderate	0	0	0	0	0
Severe	4	1	0	0	5
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>5</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	4	1	0	0	5
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>5</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Laurel Ridge Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 142*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	19	31	42	31	123
Black or African American	0	0	0	2	2
Hispanic or Latino	1	2	9	5	17
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>142</b>
<u>Gender</u>					
Female	15	25	38	27	105
Male	5	8	13	11	37
<b>Reports reflected</b>					<b>142</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	0	1	1	0	2
25-44	8	10	13	11	42
45-64	7	13	21	16	57
65 +	5	9	16	11	41
<b>Reports reflected</b>					<b>142</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	20	33	50	38	141
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	1	0	1
<b>Reports reflected</b>					<b>142</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	14	22	25	18	79
Public 3rd party (county, state, Medicaid, etc)	6	11	25	20	62
Own/family funds	0	0	1	0	1
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>142</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	10	4	6	3	23
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	5	8	7	6	26
Concluded series treatments reported	2	10	12	9	33
Stopped series treatments reported	3	5	13	7	28
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Laurel Ridge Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 142*					
<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	55	39	57	98	249
Average Maintenance Treatments	18.33	13.00	19.00	32.67	20.75
Series Treatments Planned	111	213	314	248	886
Series Treatments Administered	77	130	192	157	556
Complete Series of Treatments Administered	8	65	76	77	226
Total Number of ECT Treatments Administered	132	169	249	255	805
<b>Average</b>					
Maintenance Treatments Administered	2.75	1.18	1.12	2.58	1.75
Average Maintenance Treatments	0.92	0.39	0.37	0.86	0.15
Series Treatments Planned	5.55	6.45	6.16	6.53	6.24
Series Treatments Administered	3.85	3.94	3.76	4.13	3.92
Complete Series of Treatments Administered	0.40	1.97	1.49	2.03	1.59
Total Number of ECT Treatments Administered	6.60	5.12	4.88	6.71	5.67
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	3	13	15	8	39
Mild	14	18	31	29	92
Moderate	3	2	3	0	8
Severe	0	0	1	1	2
Extreme	0	0	1	0	1
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>142</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	2	13	16	9	40
Mild	13	16	26	25	80
Moderate	5	3	7	3	18
Severe	0	1	2	1	4
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>142</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	2	5	6	5	18
Moderate	3	13	19	11	46
Severe	15	15	23	22	75
Extreme	0	0	3	0	3
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>142</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	0	2	4	2	8
Mild	9	24	29	24	86
Moderate	9	7	13	11	40
Severe	2	0	5	1	8
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>142</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.



**Methodist Richardson Medical Center-FY10 ECT Summary  
for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 30*						
<u>Race/Ethnicity</u>		Q1	Q2	Q3	Q4	Total
White/Caucasian		8	5	9	5	27
Black or African American		0	0	0	0	0
Hispanic or Latino		0	0	0	0	0
Asian		0	0	0	0	0
Other		1	1	1	0	3
<b>Reports reflected</b>						<b>30</b>
<u>Gender</u>						
Female		7	4	8	2	21
Male		2	2	2	3	9
<b>Reports reflected</b>						<b>30</b>
<u>Age</u>						
17 and under		0	0	0	0	0
18-24		0	1	1	0	2
25-44		4	3	2	1	10
45-64		5	2	7	4	18
65 +		0	0	0	0	0
<b>Reports reflected</b>						<b>30</b>
<u>Hospital Admission Status</u>						
Voluntary patient consenting		9	6	10	5	30
Involuntary patient consenting		0	0	0	0	0
Guardian consenting for patient		0	0	0	0	0
<b>Reports reflected</b>						<b>30</b>
<u>Primary Source of Payment for ECT</u>						
Private 3rd party (insurer, HMO, etc)		7	5	9	5	26
Public 3rd party (county, state, Medicaid, etc)		2	1	1	0	4
Own/family funds		0	0	0	0	0
Other		0	0	0	0	0
<b>Reports reflected</b>						<b>30</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>						
Apnea		0	0	0	0	0
Fracture		0	0	0	0	0
Cardiac arrest		0	0	0	0	0
Reported memory loss		7	3	8	3	21
Death		0	0	0	0	0
Autopsy obtained**		0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>						
Ongoing series treatments reported		1	1	0	1	3
Concluded series treatments reported		5	2	7	3	17
Stopped series treatments reported		0	0	0	0	0
<u>Other reportable psychiatric therapies</u>						
Magnetic Seizure Therapy		0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Methodist Richardson Medical Center-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 30*						
<b>Total</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered		11	11	10	3	35
Average Maintenance Treatments		3.67	3.67	3.33	1.00	2.90
Series Treatments Planned		61	28	65	37	191
Series Treatments Administered		56	14	64	31	165
Complete Series of Treatments Administered		50	13	64	28	155
Total Number of ECT Treatments Administered		67	25	74	34	200
<b>Average</b>						
Maintenance Treatments Administered		1.22	1.83	1.00	0.60	1.17
Average Maintenance Treatments		0.41	0.61	0.33	0.20	0.10
Series Treatments Planned		6.78	4.67	6.50	7.40	6.37
Series Treatments Administered		6.22	2.33	6.40	6.20	5.50
Complete Series of Treatments Administered		5.56	2.17	6.40	5.60	5.17
Total Number of ECT Treatments Administered		7.44	4.17	7.40	6.80	6.67
<b>Physicians Assessment</b>						
<b>Level of Memory Impairment Before ECT</b>						
None		1	2	0	0	3
Mild		7	4	9	5	25
Moderate		1	0	1	0	2
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>30</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>						
None		1	1	0	0	2
Mild		5	5	5	3	18
Moderate		3	0	5	2	10
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>30</b>
<b>Level of Symptom Severity Before ECT</b>						
None		0	0	0	0	0
Mild		1	3	0	1	5
Moderate		2	0	2	0	4
Severe		5	3	8	4	20
Extreme		1	0	0	0	1
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>30</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>						
None		0	0	0	0	0
Mild		6	5	8	3	22
Moderate		3	1	2	2	8
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>30</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Methodist Specialty & Transplant Hospital-FY10 ECT Summary  
for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 151*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	21	32	13	22	88
Black or African American	2	3	0	0	5
Hispanic or Latino	12	17	9	20	58
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>151</b>
<u>Gender</u>					
Female	27	43	16	31	117
Male	8	9	6	11	34
<b>Reports reflected</b>					<b>151</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	1	2	0	1	4
25-44	12	9	6	6	33
45-64	15	26	14	24	79
65 +	7	15	2	11	35
<b>Reports reflected</b>					<b>151</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	35	52	22	42	151
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>151</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	12	22	6	22	62
Public 3rd party (county, state, Medicaid, etc)	22	30	16	20	88
Own/family funds	0	0	0	0	0
Other	1	0	0	0	1
<b>Reports reflected</b>					<b>151</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	1	14	5	8	28
Concluded series treatments reported	12	9	11	23	55
Stopped series treatments reported	0	0	0	0	0
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Methodist Specialty & Transplant Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT:		151*				
<u>Total</u>		Q1	Q2	Q3	Q4	Total
Maintenance Treatments Administered		77	45	8	40	170
Average Maintenance Treatments		25.67	15.00	2.67	13.33	14.17
Series Treatments Planned		113	123	98	238	572
Series Treatments Administered		113	123	70	200	506
Complete Series of Treatments Administered		92	54	51	169	366
Total Number of ECT Treatments Administered		190	168	78	240	676
<b><u>Average</u></b>						
Maintenance Treatments Administered		2.20	0.87	0.36	0.95	1.13
Average Maintenance Treatments		0.73	0.29	0.12	0.32	0.09
Series Treatments Planned		3.23	2.37	4.45	5.67	3.79
Series Treatments Administered		3.23	2.37	3.18	4.76	3.35
Complete Series of Treatments Administered		2.63	1.04	2.32	4.02	2.42
Total Number of ECT Treatments Administered		5.43	3.23	3.55	5.71	4.48
<b><u>Physicians Assessment</u></b>						
<b>Level of Memory Impairment Before ECT</b>						
None		11	32	5	11	59
Mild		19	15	14	24	72
Moderate		4	5	3	6	18
Severe		1	0	0	1	2
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>151</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>						
None		11	32	5	10	58
Mild		19	17	14	27	77
Moderate		4	3	3	5	15
Severe		1	0	0	0	1
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>151</b>
<b>Level of Symptom Severity Before ECT</b>						
None		1	31	0	0	32
Mild		20	13	0	0	33
Moderate		14	8	11	23	56
Severe		0	0	11	19	30
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>151</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>						
None		1	31	0	2	34
Mild		28	17	11	37	93
Moderate		6	4	11	3	24
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>151</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**San Jacinto Methodist Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 23*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	5	7	5	4	21
Black or African American	0	1	0	0	1
Hispanic or Latino	0	0	0	1	1
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>23</b>
<u>Gender</u>					
Female	4	4	3	4	15
Male	1	4	2	1	8
<b>Reports reflected</b>					<b>23</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	0	1	1	0	2
25-44	2	2	2	1	7
45-64	2	5	1	3	11
65 +	1	0	1	1	3
<b>Reports reflected</b>					<b>23</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	5	8	5	5	23
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>23</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	3	3	2	4	12
Public 3rd party (county, state, Medicaid, etc)	2	5	3	1	11
Own/family funds	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>23</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	1	1	0	0	2
Concluded series treatments reported	3	6	5	3	17
Stopped series treatments reported	1	1	0	2	4
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**San Jacinto Methodist Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 23*					
<u>Total</u>	Q1	Q2	Q3	Q4	Total
Maintenance Treatments Administered	0	0	0	0	0
Average Maintenance Treatments	0.00	0.00	0.00	0.00	0.00
Series Treatments Planned	37	61	39	30	167
Series Treatments Administered	32	55	33	30	150
Complete Series of Treatments Administered	27	48	33	26	134
Total Number of ECT Treatments Administered	32	55	33	30	150
<b><u>Average</u></b>					
Maintenance Treatments Administered	0.00	0.00	0.00	0.00	0.00
Average Maintenance Treatments	0.00	0.00	0.00	0.00	0.00
Series Treatments Planned	7.40	7.63	7.80	6.00	7.26
Series Treatments Administered	6.40	6.88	6.60	6.00	6.52
Complete Series of Treatments Administered	5.40	6.00	6.60	5.20	5.83
Total Number of ECT Treatments Administered	6.40	6.88	6.60	6.00	6.52
<b><u>Physicians Assessment</u></b>					
<b>Level of Memory Impairment Before ECT</b>					
None	0	0	0	0	0
Mild	5	8	5	5	23
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>23</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	5	7	5	3	20
Moderate	0	1	0	0	1
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	2	2
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>23</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	0	0	0	0	0
Moderate	0	0	0	0	0
Severe	1	1	0	0	2
Extreme	4	7	5	5	21
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>23</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	0	1	0	0	1
Moderate	5	7	5	3	20
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	2	2
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>23</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Scott & White Memorial Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 87*						
<u>Race/Ethnicity</u>		Q1	Q2	Q3	Q4	Total
White/Caucasian		23	16	14	15	68
Black or African American		0	0	1	2	3
Hispanic or Latino		3	1	3	2	9
Asian		2	2	1	1	6
Other		1	0	0	0	1
<b>Reports reflected</b>						<b>87</b>
<u>Gender</u>						
Female		23	13	16	17	69
Male		6	6	3	3	18
<b>Reports reflected</b>						<b>87</b>
<u>Age</u>						
17 and under		0	0	0	0	0
18-24		0	0	0	0	0
25-44		2	2	4	4	12
45-64		16	11	12	10	49
65 +		11	6	3	6	26
<b>Reports reflected</b>						<b>87</b>
<u>Hospital Admission Status</u>						
Voluntary patient consenting		29	19	19	20	87
Involuntary patient consenting		0	0	0	0	0
Guardian consenting for patient		0	0	0	0	0
<b>Reports reflected</b>						<b>87</b>
<u>Primary Source of Payment for ECT</u>						
Private 3rd party (insurer, HMO, etc)		13	7	8	7	35
Public 3rd party (county, state, Medicaid, etc)		16	11	8	12	47
Own/family funds		0	0	1	1	2
Other		0	1	2	0	3
<b>Reports reflected</b>						<b>87</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>						
Apnea		0	0	0	0	0
Fracture		0	0	0	0	0
Cardiac arrest		0	0	0	0	0
Reported memory loss		0	0	0	0	0
Death		0	0	0	0	0
Autopsy obtained**		0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>						
Ongoing series treatments reported		3	0	0	4	7
Concluded series treatments reported		13	1	1	1	16
Stopped series treatments reported		6	10	14	11	41
<u>Other reportable psychiatric therapies</u>						
Magnetic Seizure Therapy		0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Scott & White Memorial Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 87*					
<u>Total</u>	Q1	Q2	Q3	Q4	Total
Maintenance Treatments Administered	23	17	14	13	67
Average Maintenance Treatments	7.67	5.67	4.67	4.33	5.58
Series Treatments Planned	328	178	237	217	960
Series Treatments Administered	112	82	89	77	360
Complete Series of Treatments Administered	80	8	6	6	100
Total Number of ECT Treatments Administered	135	99	103	90	427
<u>Average</u>					
Maintenance Treatments Administered	0.79	0.89	0.74	0.65	0.77
Average Maintenance Treatments	0.26	0.30	0.25	0.22	0.06
Series Treatments Planned	11.31	9.37	12.47	10.85	11.03
Series Treatments Administered	3.86	4.32	4.68	3.85	4.14
Complete Series of Treatments Administered	2.76	0.42	0.32	0.30	1.15
Total Number of ECT Treatments Administered	4.66	5.21	5.42	4.50	4.91
<u>Physicians Assessment</u>					
<b>Level of Memory Impairment Before ECT</b>					
None	27	19	19	20	85
Mild	2	0	0	0	2
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>87</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	24	18	17	12	71
Mild	5	1	2	0	8
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	5	5
Ongoing series	0	0	0	3	3
<b>Reports Reflected</b>					<b>87</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	1	1	0	2
Mild	6	6	2	0	14
Moderate	1	3	0	1	5
Severe	22	9	16	19	66
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>87</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	3	5	4	0	12
Mild	21	13	12	10	56
Moderate	5	1	3	2	11
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	5	5
Ongoing series	0	0	0	3	3
<b>Reports Reflected</b>					<b>87</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.



**Seton Shoal Creek Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 147*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	29	35	31	44	139
Black or African American	0	1	0	0	1
Hispanic or Latino	1	1	1	1	4
Asian	1	1	0	1	3
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>147</b>
<u>Gender</u>					
Female	24	27	22	31	104
Male	7	11	10	15	43
<b>Reports reflected</b>					<b>147</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	1	0	1	2	4
25-44	8	13	8	17	46
45-64	18	20	17	19	74
65 +	4	5	6	8	23
<b>Reports reflected</b>					<b>147</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	31	38	32	46	147
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>147</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	20	29	20	32	101
Public 3rd party (county, state, Medicaid, etc)	9	8	11	13	41
Own/family funds	2	1	1	1	5
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>147</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	3	2	1	4	10
Concluded series treatments reported	11	15	11	13	50
Stopped series treatments reported	2	0	0	5	7
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Seton Shoal Creek Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 147*					
<u>Total</u>	Q1	Q2	Q3	Q4	Total
Maintenance Treatments Administered	48	85	62	92	287
Average Maintenance Treatments	16.00	28.33	20.67	30.67	23.92
Series Treatments Planned	164	179	120	197	660
Series Treatments Administered	125	133	117	153	528
Complete Series of Treatments Administered	96	123	110	105	434
Total Number of ECT Treatments Administered	173	218	179	245	815
<b><u>Average</u></b>					
Maintenance Treatments Administered	1.55	2.24	1.94	2.00	1.95
Average Maintenance Treatments	0.52	0.75	0.65	0.67	0.16
Series Treatments Planned	5.29	4.71	3.75	4.28	4.49
Series Treatments Administered	4.03	3.50	3.66	3.33	3.59
Complete Series of Treatments Administered	3.10	3.24	3.44	2.28	2.95
Total Number of ECT Treatments Administered	5.58	5.74	5.59	5.33	5.54
<b><u>Physicians Assessment</u></b>					
<b>Level of Memory Impairment Before ECT</b>					
None	25	33	28	41	127
Mild	4	5	4	4	17
Moderate	2	0	0	1	3
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>147</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	19	16	20	26	81
Mild	9	20	12	19	60
Moderate	2	2	0	1	5
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	1	0	0	0	1
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>147</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	10	6	14	11	41
Moderate	11	21	11	31	74
Severe	8	9	7	3	27
Extreme	2	2	0	1	5
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>147</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	9	25	21	25	80
Mild	17	11	11	18	57
Moderate	4	2	0	0	6
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	1	0	0	3	4
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>147</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**St. Joseph Medical Center-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 26*					
<u>Race/Ethnicity</u>	Q1	Q2	Q3	Q4	Total
White/Caucasian	8	9	3	5	25
Black or African American	0	1	0	0	1
Hispanic or Latino	0	0	0	0	0
Asian	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>26</b>
<u>Gender</u>					
Female	6	4	2	2	14
Male	2	6	1	3	12
<b>Reports reflected</b>					<b>26</b>
<u>Age</u>					
17 and under	0	0	0	0	0
18-24	0	0	0	0	0
25-44	2	0	1	2	5
45-64	2	7	1	3	13
65 +	4	3	1	0	8
<b>Reports reflected</b>					<b>26</b>
<u>Hospital Admission Status</u>					
Voluntary patient consenting	8	10	3	5	26
Involuntary patient consenting	0	0	0	0	0
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>26</b>
<u>Primary Source of Payment for ECT</u>					
Private 3rd party (insurer, HMO, etc)	1	2	1	1	5
Public 3rd party (county, state, Medicaid, etc)	7	8	2	4	21
Own/family funds	0	0	0	0	0
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>26</b>
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>					
Ongoing series treatments reported	0	2	1	0	3
Concluded series treatments reported	0	7	1	4	12
Stopped series treatments reported	0	0	0	1	1
<u>Other reportable psychiatric therapies</u>					
Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**St. Joseph Medical Center-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT:		26*				
<u>Total</u>		Q1	Q2	Q3	Q4	Total
Maintenance Treatments Administered		4	5	1	0	10
Average Maintenance Treatments		1.33	1.67	0.33	0.00	0.83
Series Treatments Planned		47	71	17	28	163
Series Treatments Administered		32	51	13	20	116
Complete Series of Treatments Administered		0	45	5	18	279
Total Number of ECT Treatments Administered		36	56	14	20	126
<u>Average</u>						
Maintenance Treatments Administered		0.50	0.50	0.33	0.00	0.38
Average Maintenance Treatments		0.17	0.17	0.11	0.00	0.03
Series Treatments Planned		5.88	7.10	5.67	5.60	6.27
Series Treatments Administered		4.00	5.10	4.33	4.00	4.46
Complete Series of Treatments Administered		0.00	4.50	1.67	3.60	2.62
Total Number of ECT Treatments Administered		4.50	5.60	4.67	4.00	4.85
<u>Physicians Assessment</u>						
Level of Memory Impairment Before ECT						
None		0	0	0	0	0
Mild		0	0	0	0	0
Moderate		7	10	1	0	18
Severe		1	0	2	5	8
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
Reports Reflected						26
Level of Memory Impairment 2-4 Weeks After ECT						
None		8	10	3	5	26
Mild		0	0	0	0	0
Moderate		0	0	0	0	0
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
Reports Reflected						26
Level of Symptom Severity Before ECT						
None		0	0	0	0	0
Mild		0	0	0	0	0
Moderate		6	10	1	0	17
Severe		2	0	2	5	9
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
Reports Reflected						26
Level of Symptom Severity 2-4 Weeks After ECT						
None		7	10	3	5	25
Mild		1	0	0	0	1
Moderate		0	0	0	0	0
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
Reports Reflected						26

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Terrell State Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

<b>Number of patients, reported quarterly, to have received ECT:</b>		<b>45*</b>				
<b><u>Race/Ethnicity</u></b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
	White/Caucasian	10	8	11	11	40
	Black or African American	1	1	1	1	4
	Hispanic or Latino	1	0	0	0	1
	Asian	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Reports reflected</b>					<b>45</b>
<b><u>Gender</u></b>						
	Female	6	6	10	8	30
	Male	6	3	2	4	15
	<b>Reports reflected</b>					<b>45</b>
<b><u>Age</u></b>						
	17 and under	0	0	0	0	0
	18-24	0	0	0	0	0
	25-44	3	1	6	5	15
	45-64	6	6	5	5	22
	65 +	3	2	1	2	8
	<b>Reports reflected</b>					<b>45</b>
<b><u>Hospital Admission Status</u></b>						
	Voluntary patient consenting	8	9	11	11	39
	Involuntary patient consenting	0	0	0	0	0
	Guardian consenting for patient	4	0	1	1	6
	<b>Reports reflected</b>					<b>45</b>
<b><u>Primary Source of Payment for ECT</u></b>						
	Private 3rd party (insurer, HMO, etc)	0	0	0	0	0
	Public 3rd party (county, state, Medicaid, etc)	12	9	12	12	45
	Own/family funds	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Reports reflected</b>					<b>45</b>
<b><u>Other Reportable Events that Occurred within 14 Days of ECT</u></b>						
	Apnea	0	0	0	0	0
	Fracture	0	0	0	0	0
	Cardiac arrest	0	0	0	0	0
	Reported memory loss	0	0	0	0	0
	Death	0	0	0	0	0
	Autopsy obtained**	0	0	0	0	0
<b><u>Treatments Administered during this Reporting Period</u></b>						
	Ongoing series treatments reported	3	4	1	2	10
	Concluded series treatments reported	3	2	5	4	14
	Stopped series treatments reported	0	0	1	1	2
<b><u>Other reportable psychiatric therapies</u></b>						
	Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Terrell State Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 45*					
<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	39	23	28	14	104
Average Maintenance Treatments	13.00	7.67	9.33	4.67	8.66
Series Treatments Planned	122	53	62	71	308
Series Treatments Administered	104	42	62	45	253
Complete Series of Treatments Administered	36	14	56	32	138
Total Number of ECT Treatments Administered	143	65	90	59	357
<b>Average</b>					
Maintenance Treatments Administered	3.25	2.56	2.33	1.17	2.31
Average Maintenance Treatments	1.08	0.85	0.78	0.39	0.19
Series Treatments Planned	10.17	5.89	5.17	5.92	6.84
Series Treatments Administered	8.67	4.67	5.17	3.75	5.62
Complete Series of Treatments Administered	3.00	1.56	4.67	2.67	3.07
Total Number of ECT Treatments Administered	11.92	7.22	7.50	4.92	7.93
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	0	0	0	0	0
Mild	12	9	12	11	44
Moderate	0	0	0	1	1
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>45</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	12	9	12	11	44
Moderate	0	0	0	1	1
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>45</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	0	1	3	7	11
Moderate	4	3	2	4	13
Severe	7	5	7	1	20
Extreme	1	0	0	0	1
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>45</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	0	0	0	0	0
Mild	5	4	8	7	24
Moderate	5	4	3	4	16
Severe	2	1	1	1	5
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>45</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Texas Health Presbyterian Hospital-FY10 ECT Summary  
for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT:		26*				
<u>Race/Ethnicity</u>		Q1	Q2	Q3	Q4	Total
	White/Caucasian	8	5	3	7	23
	Black or African American	0	0	0	0	0
	Hispanic or Latino	0	0	0	0	0
	Asian	2	0	0	1	3
	Other	0	0	0	0	0
	Reports reflected					26
<u>Gender</u>						
	Female	2	1	2	5	10
	Male	8	4	1	3	16
	Reports reflected					26
<u>Age</u>						
	17 and under	0	0	0	0	0
	18-24	0	0	0	0	0
	25-44	1	0	0	2	3
	45-64	3	0	0	1	4
	65 +	6	5	3	5	19
	Reports reflected					26
<u>Hospital Admission Status</u>						
	Voluntary patient consenting	10	3	2	8	23
	Involuntary patient consenting	0	2	1	0	3
	Guardian consenting for patient	0	0	0	0	0
	Reports reflected					26
<u>Primary Source of Payment for ECT</u>						
	Private 3rd party (insurer, HMO, etc)	2	1	0	2	5
	Public 3rd party (county, state, Medicaid, etc)	7	4	3	5	19
	Own/family funds	1	0	0	1	2
	Other	0	0	0	0	0
	Reports reflected					26
<u>Other Reportable Events that Occurred within 14 Days of ECT</u>						
	Apnea	0	0	0	0	0
	Fracture	0	0	0	0	0
	Cardiac arrest	0	0	0	0	0
	Reported memory loss	4	2	0	6	12
	Death	0	0	0	0	0
	Autopsy obtained**	0	0	0	0	0
<u>Treatments Administered during this Reporting Period</u>						
	Ongoing series treatments reported	1	0	0	0	1
	Concluded series treatments reported	9	5	3	6	23
	Stopped series treatments reported	0	0	0	2	2
<u>Other reportable psychiatric therapies</u>						
	Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Texas Health Presbyterian Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 26*					
<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	0	0	0	0	0
Average Maintenance Treatments	0.00	0.00	0.00	0.00	0.00
Series Treatments Planned	87	57	22	57	223
Series Treatments Administered	69	48	22	57	196
Complete Series of Treatments Administered	60	48	22	54	184
Total Number of ECT Treatments Administered	69	48	22	57	196
<b>Average</b>					
Maintenance Treatments Administered	0.00	0.00	0.00	0.00	0.00
Average Maintenance Treatments	0.00	0.00	0.00	0.00	0.00
Series Treatments Planned	8.70	11.40	7.33	7.13	8.58
Series Treatments Administered	6.90	9.60	7.33	7.13	7.54
Complete Series of Treatments Administered	6.00	9.60	7.33	6.75	7.08
Total Number of ECT Treatments Administered	6.90	9.60	7.33	7.13	7.54
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	5	2	3	4	14
Mild	2	3	0	2	7
Moderate	1	0	0	2	3
Severe	2	0	0	0	2
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>26</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	5	3	3	2	13
Mild	3	2	0	4	9
Moderate	1	0	0	1	2
Severe	0	0	0	1	1
Extreme	0	0	0	0	0
Unable to be determine	1	0	0	0	1
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>26</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	0	0	0	0	0
Moderate	0	0	0	0	0
Severe	4	2	2	8	16
Extreme	6	3	1	0	10
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>26</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	4	3	0	2	9
Mild	4	2	3	2	11
Moderate	1	0	0	2	3
Severe	0	0	0	2	2
Extreme	0	0	0	0	0
Unable to be determine	1	0	0	0	1
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>26</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.



**Texas West Oaks Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

<b>Number of patients, reported quarterly, to have received ECT:</b>		<b>400*</b>				
<b><u>Race/Ethnicity</u></b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
	White/Caucasian	77	68	64	65	274
	Black or African American	17	14	14	15	60
	Hispanic or Latino	10	10	15	16	51
	Asian	3	3	4	3	13
	Other	0	0	0	2	2
	<b>Reports reflected</b>					<b>400</b>
<b><u>Gender</u></b>						
	Female	68	64	67	70	269
	Male	39	31	30	31	131
	<b>Reports reflected</b>					<b>400</b>
<b><u>Age</u></b>						
	17 and under	0	0	0	0	0
	18-24	6	6	5	6	23
	25-44	43	29	33	32	137
	45-64	39	43	40	44	166
	65 +	19	17	19	19	74
	<b>Reports reflected</b>					<b>400</b>
<b><u>Hospital Admission Status</u></b>						
	Voluntary patient consenting	101	91	92	93	377
	Involuntary patient consenting	5	3	1	4	13
	Guardian consenting for patient	1	1	4	4	10
	<b>Reports reflected</b>					<b>400</b>
<b><u>Primary Source of Payment for ECT</u></b>						
	Private 3rd party (insurer, HMO, etc)	42	46	57	42	187
	Public 3rd party (county, state, Medicaid, etc)	64	47	39	57	207
	Own/family funds	1	2	0	2	5
	Other	0	0	1	0	1
	<b>Reports reflected</b>					<b>400</b>
<b><u>Other Reportable Events that Occurred within 14 Days of ECT</u></b>						
	Apnea	0	0	0	0	0
	Fracture	0	0	0	0	0
	Cardiac arrest	0	0	0	0	0
	Reported memory loss	0	0	0	0	0
	Death	1	0	0	0	1
	Autopsy obtained**	0	0	0	0	0
<b><u>Treatments Administered during this Reporting Period</u></b>						
	Ongoing series treatments reported	16	20	33	26	95
	Concluded series treatments reported	30	20	10	20	80
	Stopped series treatments reported	20	10	7	12	49
<b><u>Other reportable psychiatric therapies</u></b>						
	Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Texas West Oaks Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 400*					
<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	130	150	158	183	621
Average Maintenance Treatments	43.33	50.00	52.67	61.00	51.75
Series Treatments Planned	617	396	440	510	1,963
Series Treatments Administered	330	270	313	301	1,214
Complete Series of Treatments Administered	173	130	100	123	526
Total Number of ECT Treatments Administered	460	420	468	484	1,832
<b>Average</b>					
Maintenance Treatments Administered	1.21	1.58	1.63	1.81	1.55
Average Maintenance Treatments	0.40	0.53	0.54	0.60	0.13
Series Treatments Planned	5.77	4.17	4.54	5.05	4.91
Series Treatments Administered	3.08	2.84	3.23	2.98	3.04
Complete Series of Treatments Administered	1.62	1.37	1.03	1.22	1.32
Total Number of ECT Treatments Administered	4.30	4.42	4.82	4.79	4.58
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	14	30	22	31	97
Mild	72	56	61	57	246
Moderate	18	8	14	12	52
Severe	3	1	0	1	5
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>400</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	14	23	15	24	76
Mild	83	62	70	66	281
Moderate	9	8	12	11	40
Severe	1	1	0	0	2
Extreme	0	0	0	0	0
Unable to be determine	0	1	0	0	1
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>400</b>
<b>Level of Symptom Severity Before ECT</b>					
None	1	1	1	1	4
Mild	0	0	0	3	3
Moderate	16	12	6	28	62
Severe	85	76	84	61	306
Extreme	5	6	6	8	25
Unable to be determine	0	0	0	0	0
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>400</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	33	52	45	63	193
Mild	64	35	41	31	171
Moderate	9	7	9	7	32
Severe	1	1	2	0	4
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	0	0	0	0	0
<b>Reports Reflected</b>					<b>400</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**The Methodist Hospital-FY10 ECT Summary**  
**for Treatments Given September 1, 2009 to August 31, 2010**

<b>Number of patients, reported quarterly, to have received ECT:</b>		<b>45*</b>				
<b><u>Race/Ethnicity</u></b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
	White/Caucasian	12	7	8	8	35
	Black or African American	1	2	1	0	4
	Hispanic or Latino	1	1	2	1	5
	Asian	0	0	1	0	1
	Other	0	0	0	0	0
	<b>Reports reflected</b>					<b>45</b>
<b><u>Gender</u></b>						
	Female	10	7	7	6	30
	Male	4	3	5	3	15
	<b>Reports reflected</b>					<b>45</b>
<b><u>Age</u></b>						
	17 and under	0	0	0	0	0
	18-24	0	2	0	1	3
	25-44	3	2	4	2	11
	45-64	5	2	2	3	12
	65 +	6	4	6	3	19
	<b>Reports reflected</b>					<b>45</b>
<b><u>Hospital Admission Status</u></b>						
	Voluntary patient consenting	14	10	12	9	45
	Involuntary patient consenting	0	0	0	0	0
	Guardian consenting for patient	0	0	0	0	0
	<b>Reports reflected</b>					<b>45</b>
<b><u>Primary Source of Payment for ECT</u></b>						
	Private 3rd party (insurer, HMO, etc)	10	7	8	6	31
	Public 3rd party (county, state, Medicaid, etc)	3	2	3	2	10
	Own/family funds	1	1	1	0	3
	Other	0	0	0	1	1
	<b>Reports reflected</b>					<b>45</b>
<b><u>Other Reportable Events that Occurred within 14 Days of ECT</u></b>						
	Apnea	0	0	0	0	0
	Fracture	0	0	0	0	0
	Cardiac arrest	0	0	0	0	0
	Reported memory loss	0	0	0	0	0
	Death	0	0	0	0	0
	Autopsy obtained**	0	0	0	0	0
<b><u>Treatments Administered during this Reporting Period</u></b>						
	Ongoing series treatments reported	1	0	0	0	1
	Concluded series treatments reported	6	2	6	4	18
	Stopped series treatments reported	0	0	0	0	0
<b><u>Other reportable psychiatric therapies</u></b>						
	Magnetic Seizure Therapy	0	0	0	0	0

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**The Methodist Hospital-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 45*						
<b>Total</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered		24	25	18	12	79
Average Maintenance Treatments		8.00	8.33	6.00	4.00	6.58
Series Treatments Planned		59	13	41	30	143
Series Treatments Administered		50	13	41	28	132
Complete Series of Treatments Administered		41	13	41	28	123
Total Number of ECT Treatments Administered		74	38	59	40	211
<b>Average</b>						
Maintenance Treatments Administered		1.71	2.50	1.50	1.33	1.76
Average Maintenance Treatments		0.57	0.83	0.50	0.44	0.15
Series Treatments Planned		4.21	1.30	3.42	3.33	3.18
Series Treatments Administered		3.57	1.30	3.42	3.11	2.93
Complete Series of Treatments Administered		2.93	1.30	3.42	3.11	2.73
Total Number of ECT Treatments Administered		5.29	3.80	4.92	4.44	4.69
<b>Physicians Assessment</b>						
<b>Level of Memory Impairment Before ECT</b>						
None		10	6	7	6	29
Mild		4	4	5	3	16
Moderate		0	0	0	0	0
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>45</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>						
None		6	4	4	3	17
Mild		8	6	8	6	28
Moderate		0	0	0	0	0
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>45</b>
<b>Level of Symptom Severity Before ECT</b>						
None		0	0	0	0	0
Mild		0	0	0	0	0
Moderate		5	4	4	3	16
Severe		8	6	7	5	26
Extreme		1	0	1	1	3
Unable to be determine		0	0	0	0	0
Ongoing series		N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>						<b>45</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>						
None		1	0	1	1	3
Mild		12	10	10	7	39
Moderate		1	0	1	1	3
Severe		0	0	0	0	0
Extreme		0	0	0	0	0
Unable to be determine		0	0	0	0	0
Ongoing series		0	0	0	0	0
<b>Reports Reflected</b>						<b>45</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.

**Zale Lipshy University Hospital-FY10 ECT Summary  
for Treatments Given September 1, 2009 to August 31, 2010**

<b>Number of patients, reported quarterly, to have received ECT: 198*</b>					
<b><u>Race/Ethnicity</u></b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
White/Caucasian	84	19	47	36	186
Black or African American	2	0	2	1	5
Hispanic or Latino	4	0	0	0	4
Asian	2	0	0	1	3
Other	0	0	0	0	0
<b>Reports reflected</b>					<b>198</b>
<b><u>Gender</u></b>					
Female	50	10	29	28	117
Male	42	9	20	10	81
<b>Reports reflected</b>					<b>198</b>
<b><u>Age</u></b>					
17 and under	0	0	0	0	0
18-24	2	1	0	1	4
25-44	26	6	19	9	60
45-64	45	8	16	19	88
65 +	19	4	14	9	46
<b>Reports reflected</b>					<b>198</b>
<b><u>Hospital Admission Status</u></b>					
Voluntary patient consenting	90	19	49	38	196
Involuntary patient consenting	2	0	0	0	2
Guardian consenting for patient	0	0	0	0	0
<b>Reports reflected</b>					<b>198</b>
<b><u>Primary Source of Payment for ECT</u></b>					
Private 3rd party (insurer, HMO, etc)	58	8	25	20	111
Public 3rd party (county, state, Medicaid, etc)	26	7	18	14	65
Own/family funds	4	0	0	0	4
Other	4	4	6	4	18
<b>Reports reflected</b>					<b>198</b>
<b><u>Other Reportable Events that Occurred within 14 Days of ECT</u></b>					
Apnea	0	0	0	0	0
Fracture	0	0	0	0	0
Cardiac arrest	0	0	0	0	0
Reported memory loss	0	0	0	0	0
Death	0	0	0	0	0
Autopsy obtained**	0	0	0	0	0
<b><u>Treatments Administered during this Reporting Period</u></b>					
Ongoing series treatments reported	36	0	12	10	58
Concluded series treatments reported	24	8	15	19	66
Stopped series treatments reported	14	6	9	1	30
<b><u>Other reportable psychiatric therapies</u></b>					
Magnetic Seizure Therapy	4	4	6	4	18

\*This number may reflect patients who have received ECT in more than one quarter this year.

\*\*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**Zale Lipshy University Hospitale-FY10 ECT Summary (Cont')**  
**for Treatments Given September 1, 2009 to August 31, 2010**

Number of patients, reported quarterly, to have received ECT: 198*					
<b>Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Maintenance Treatments Administered	69	4	51	19	143
Average Maintenance Treatments	23.00	1.33	17.00	6.33	11.92
Series Treatments Planned	1185	241	538	499	2,463
Series Treatments Administered	667	69	265	282	1,283
Complete Series of Treatments Administered	153	41	136	183	513
Total Number of ECT Treatments Administered	736	73	316	301	1,426
<b>Average</b>					
Maintenance Treatments Administered	0.75	0.21	1.04	0.50	0.72
Average Maintenance Treatments	0.25	0.07	0.35	0.17	0.06
Series Treatments Planned	12.88	12.68	10.98	13.13	12.44
Series Treatments Administered	7.25	3.63	5.41	7.42	6.48
Complete Series of Treatments Administered	1.66	2.16	2.78	4.82	2.59
Total Number of ECT Treatments Administered	8.00	3.84	6.45	7.92	7.20
<b>Physicians Assessment</b>					
<b>Level of Memory Impairment Before ECT</b>					
None	76	15	43	33	167
Mild	12	0	0	1	13
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	4	4	6	4	18
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>198</b>
<b>Level of Memory Impairment 2-4 Weeks After ECT</b>					
None	76	15	43	33	167
Mild	12	0	0	1	13
Moderate	0	0	0	0	0
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	4	4	6	4	18
<b>Reports Reflected</b>					<b>198</b>
<b>Level of Symptom Severity Before ECT</b>					
None	0	0	0	0	0
Mild	0	0	0	0	0
Moderate	5	1	5	0	11
Severe	81	14	38	32	165
Extreme	2	0	0	2	4
Unable to be determine	4	4	6	4	18
Ongoing series	N/A	N/A	N/A	N/A	0
<b>Reports Reflected</b>					<b>198</b>
<b>Level of Symptom Severity 2-4 Weeks After ECT</b>					
None	20	11	22	25	78
Mild	65	0	20	9	94
Moderate	3	4	1	0	8
Severe	0	0	0	0	0
Extreme	0	0	0	0	0
Unable to be determine	0	0	0	0	0
Ongoing series	4	4	6	4	18
<b>Reports Reflected</b>					<b>198</b>

\*This number may reflect patients who have received ECT in more than one quarter this year.